

## Acknowledgement Form

My initials below verify that I have received a copy and verbal explanation of the following information:

\_\_\_\_\_ Client Rights

\_\_\_\_\_ Grievance policy and procedure

\_\_\_\_\_ Confidentiality policy

\_\_\_\_\_ Treatment Service fees

\_\_\_\_\_ Infectious Disease

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date